

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007573

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 687 Primary Registration District No. 3040 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 17 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan's Nursing Home.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ROBERT Last UHRMACHER		4. DATE OF DEATH Month March Day 2nd , Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/21/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Lawrence Uhrmacher		11b. MOTHER'S MAIDEN NAME Ida May Thompson	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		13. SOCIAL SECURITY NO. 68A	
14. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		15. NAME OF HUSBAND OR WIFE Vera K. (Korell) Uhrmacher	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		16. INFORMANT Address Mrs Vera K. Uhrmacher, Hale, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6 a.m. 55 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Chillicothe, Mo		20g. COUNTY Carroll	
20h. STATE Missouri		20i. DATE SIGNED Mar. 6-63	
21. I attended the deceased from Jan '55 to Mar 2-63 and last saw him alive on Feb 25-62		22. DATE RECD. BY LOCAL REG. Mar 11, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/5/1963	
23c. NAME OF CEMETERY OR CREMATORY Hale cemetery		23d. LOCATION (City, town, or county) Hale, Missouri.	
24. FUNERAL DIRECTOR Clifford W. Austin F-H Hale, Mo.		25. REGISTRAR'S SIGNATURE Annaliese Taylor	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

Date signed by Dr. ~~xxxxxx~~ Date handed to Dr. 3/3/63
~~xxxxxx~~ ~~xxxxxx~~ ~~xxxxxx~~ ~~xxxxxx~~ ~~xxxxxx~~ ~~xxxxxx~~
Date rec'd ~~xxxxxx~~ 3/11/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clifford W. Austin
Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.